

March 1, 2012

Dear applicant,

Thank you for your interest in applying for highway traffic safety funding through the Montana Department of Transportation State Highway Traffic Safety Bureau (MDT-SHTSB).

Applications for federal fiscal year 2013 (October 1, 2012 – September 30, 2013) are due to our office by **May 15, 2012**. Please view www.mdt.mt.gov/safety/grants.shtml for more information about the timeline MDT will follow in processing applications and making final funding decisions.

Please complete all sections of the application document:

- Section 1.* Applicant identification and certification
- Section 2.* Project Narrative
- Section 3.* Project Budget
- Section 4.* Budget Narrative

Please carefully follow the instructions on how to fill out this application. Provide complete information and submit the material in the order requested. All of these steps will assist the staff in evaluating the quality of your proposal. If an item is not applicable to your project, please indicate N/A.

Transmit completed applications in either hard copy or electronic copy, as follows:

Hard copy

Priscilla Sinclair
State Highway Traffic Safety Bureau Chief
Rail, Transit & Planning Division
Montana Department of Transportation
PO Box 201001
Helena MT 59620-1001

Electronic copy

psinclair@mt.gov

For more information:

As you put your application together, if you have questions, please contact one of the following:

- Priscilla Sinclair, Bureau Chief..... (406) 444-7417
psinclair@mt.gov
- Danielle Murphy, Data Analyst..... (406-444-3430)
dmurphy@mt.gov
- Pam Buckman, Occupant Protection Programs..... (406) 444-0809
pbuckman@mt.gov
- Lorelle Demont, Impaired Driving Prevention Programs..... (406) 444-7411
ldemont@mt.gov
- Chris Currie, Fiscal Manager (406) 444-6100
ccurrie@mt.gov

[Click here and begin typing]

[Click here and type date]

Project/program title

Date of application submittal

**APPLICATION
for
HIGHWAY TRAFFIC SAFETY FUNDING**



Montana Department of Transportation
State Highway Traffic Safety Bureau

2960 Prospect Avenue
P O Box 201001
Helena, MT 59620-1001
(406) 444-3423

Section 1. Applicant identification and certification

Primary Contractor (lead agency)	
[Click here and begin typing]	
Name of agency/business	
[Click here and type FEIN or TIN]	[Yes or no]
Federal Employer or Taxpayer Identification Number (FEIN or TIN)	Private Nonprofit (yes or no)? <i>If yes, attach IRS Documentation</i>
[Click here and type address]	
Address of agency/business	
[Click here and begin type name and title of future contract signator]	
Name and title of individual that will sign contract (e.g. County Commissioner Chair, Mayor, City Manager, Chairman of the Board)	
[Click here and begin type e-mail address]	[Click here and begin telephone number]
E-mail address of individual that will sign contract	Telephone number of individual that will sign contract
Signature	Date
Project Director (Individual that is responsible for contract implementation;)	
Name and title	
Mailing address (if different than lead agency address)	
E-mail address of individual that will sign contract	Telephone number of individual that will sign contract
Signature	Date
Project Manager / Point of Contact (Individual responsible for day-to-day activities associated with contract implementation)	
Name and title	
Mailing address (if different than lead agency address)	
E-mail address of individual that will sign contract	Telephone number of individual that will sign contract
Signature	Date

Section 2. Project Narrative

Instructions

Please provide a complete project narrative by completing all the sections below. Mark N/A if something does not apply to your proposal.

Please be succinct. The total application, including attachments, should generally not exceed 20 pages.

Note: **All programs and projects must support Montana's Comprehensive Highway Safety Plan (CHSP).**

The purpose of the CHSP is to provide a data driven, system-wide, comprehensive, collaborative approach to road safety in Montana. More information about the CHSP is available at <http://www.mdt.mt.gov/safety/plans-programs/chsp.shtml>.

A. Executive Summary – A clear summary of what is being proposed.

In this section, include a statement of how your project supports some aspect of the CHSP. At a minimum, this statement should indicate which CHSP emphasis area(s) are supported by your project. If relevant, also please indicate how your project could contribute toward or enhance the implementation of specific new strategies within the emphasis area(s).

[Click here and begin typing]

B. Problem/Needs Statement – Describe and document the problem/need.

Include the most recent data possible.

MDT online data resources are available online at <http://www.mdt.mt.gov/publications/datastats.shtml#crash>. State and local data, not national data, is preferred.

[Click here and begin typing]

C. Goal/s – The desired long-range effect of your project. This should tie in with the state's highway traffic safety goals as stated in the CHSP and Highway Safety Plan.

[Click here and begin typing]

D. Objective/s – The short-term measures used to determine whether or not the project is a success.

Objectives must be specific, measurable, achievable, realistic, and have a target date for accomplishment.

[Click here and begin typing]

E. Implementation Plan and deliverables – List the sequence of events/activities which occur to accomplish the objective/s.

Please add rows as necessary (on the menu, select *Table, Insert, Rows*).

Action item/Task	Implementation time frame (start and completion dates)

F. Evaluation & Internal Assessment – Describe how you will measure the level of success. What sources of data will you use? How will you collect the data and how often? Make sure that appropriate activities are in place within your plan to set up and manage these monitoring activities.

[Click here and begin typing]

G. Future Funding Plan/Sustainability – Strategic plan for how the project will be supported beyond the first year.

[Click here and begin typing]

H. Attachments – Pertinent material such as letters of support, research documentation, and other similar materials. Please keep to a minimum.

[Click here and provide a list of the attachments. Please label as Exhibit 1, 2, etc.]

Section 3. Project Budget

Please add rows as necessary (on the menu, select *Table, Insert, Rows*).

Please check the arithmetic to ensure the sub-totals and totals have been added up correctly, and that percentages have been calculated correctly.

Project Budget	Proposed MDT-SHTSB funding	Local or contractor contributions	TOTAL
A. Personal Services & Benefits			
	\$		
<i>Employee Fringe Benefits</i>			
TOTAL	\$		
B. Contracted Services			
	\$		
TOTAL	\$		
C. Media (Note: Special restrictions apply. Please contact MDT-SHTSB for details.)			
a) Production			
b) Placement			
	\$		
TOTAL	\$		
D. Operating Expenses			
a) Supplies & Materials			
b) Maintenance Supplies & Materials			
	\$		
TOTAL	\$		
E. Other Direct Costs			
a) Travel Expenses			
b) Equipment Purchases			
	\$		
TOTAL	\$		
Total Project Budget -- <i>Combined totals for all columns</i>	\$	\$	\$
SHTSB Share of Project Budget _____%	%	%	%

Has this project ever been included in your agency's budget? If yes, please explain.

[Click here and begin typing]

Has this project already received federal financial support?

Please indicate the total number of months of current or previous federal support. Identify and explain any other federal monies that will be used on this project.

[Click here and begin typing]

Section 4. Budget Narrative

Instructions

Explain the relationship between budgeted items listed in Section 3 and project activities listed in Section 2. Include detailed information (data and criteria) on how you arrived at budget estimates.

Some items to consider for each budget category are listed below. If the operations of this project are expected to generate income, please discuss possible sources, amounts, how funds will be used, and your record-keeping process. Note: Any “program income” must meet the requirements of 23 CFR §1200.24 (see <http://cfr.vlex.com/vid/19726262>).

A. Personal Services & Benefits **[\$[Click here and type amount requested]]**

- How were salary rates determined?
- What is included in fringe benefits?
- What function(s) do budgeted employees perform?

[Click here and begin typing]

B. Contracted Services **[\$[Click here and type amount requested]]**

- What is the consultant’s fee?
- What service(s) will be provided?
- How many hours/days will service(s) be provided?

[Click here and begin typing]

C. Media **[\$[Click here and type amount requested]]**

- Special restrictions apply to paid media. Please contact the State Highway Traffic Safety Bureau for guidance.

[Click here and begin typing]

D. Operating Expenses: **[\$[Click here and type amount requested]]**

Supplies & Materials

- This includes expendable supplies, materials, monthly phone charges, rent, insurance, etc.
- Do not include indirect or equipment costs in this category.

Maintenance Supplies & Materials

- Required equipment repair

[Click here and begin typing]

